

THEATRICAL PERMIT APPLICATION

Date(s) of Program _____

Name of Minor _____

Age _____ Years Old Sex ☐ Male ☐ Female

Names of Parents: Mother _____

Father _____

Name of School Attending _____

Name of Performance _____

Name of Place of Performance _____

Address _____

Signature of Management (or representative) at Place of Performance _____

Address _____

Phone Number: _____ Fax Number: _____

TO BE SUBMITTED AT LEAST FIVE DAYS PRIOR TO PERFORMANCE TO:

Department of Labor and Industry
Labor and Employment Law Division
Powers-Taylor Building
13 South Thirteenth Street
Richmond, Virginia 23219

THEATRICAL PERMIT APPROVAL

Date: _____

By: _____

Frank Dellinger
Hearing & Legal Services Officer